		Y. PHYSICIANS	xact statement of	
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. BEV	sh	0

	1 PLACE OF DEATH	STATE OF MARYLAND
	19597 (c	CERTIFICATE OF DEATH
	County	1970
	54.	Registration Dist, No.
	Village or City (No(No.	St.: Ward) [If death occurred in
	0	a hospital er institution,
	2 FULL NAME From Marke	ung for forour ef street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED BOOMED	16 DATE OF DEATH WOZ. 5 1915
.	Male Much OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
5	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
		1910, to dos 3, 1910,
	(Month) (Day) (Year)	that I last saw h realive on Most 5 , 19105,
10	7 AGE If LESS than	and that death occurred on the date stated above, at
2	80 10 1 day, hrs.	The CAUSE OF DEATH * was as follows:
D D	yrs. / mos. / ds. OR min. ?	
0	(a) Trade, profession, or Mone	Lorenous of House
SLIC	particular kind of work	8
	(b) General nature of industry business, or establishment in	(Duration) / yrs. mos. ds.
3	which employed (or employer)	
SL	9 BIRTHPLACE (State or country)	Secondary Secondary
0	- Mory with	(Duration) yrs. mos. ds.
7	10 NAME OF Jane Brown	(Sland) Standard M. J.
ant.	11 BIRTHELACE	Nor of 1910 (Addiss Jernman Mo
2 L	11 BIRTHPLACE OF FATHER (State or county) Collaboration 12 MAIDEN NAME OF MOTHER Eleanor Boaring	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
E I	C 12 MAIDEN NAME SO	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
- -	a OF MOTHER Cleanor Bouring	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
- N	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
9	OF MOTHER (State orgountry) Mon Cared.	of deathyrsmosds. State,yrsmosds. Where was disease contracted,
2	14 THE ABOVE IS TREE TO THE BEST OF MY KNOWLEDGE	If not at place of death ?
	(Informant) I Toom	Former or usual residence
	m o ad	12 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
CCOPAL	Address) Cagnoli 112	10 1. Tuch to Mal 7 s.
3 ∥	15 Antol A Colodo as from	20 UNDERTAKER AODRESS
	Filed 1917 Court	Howard & Michania About dey
	DOCCO REGISTRAR	
	If more blanks are needed, address State Registrar, 1	.6 W. Saratoga St., Balto., Requesting V. S. No. 1.
- 11		



[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wije, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil precise specification as Day laborer, Farm laborer, Loborer mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia of lungs, menin-unqualified, is indefinite); Tuberculosts of lungs, menin-

"Tumor" for mangnant neoplasms); Measles; Whooping and consequences (e. g., sepsis, telanus) may be stated lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection next not be stated unless important. nephrilis, etc. cough; Chronic rabular heart discuse; Chronic interstitial (name origin; "Caneer" is less definite; avoid use of ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of..... Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "Anaemia" (merely symptomatic), chopmeumonia (secondary), 10 ds. The contributory (secondary or intercur-Never report mere "Atrophy," ACCIDENTAL,



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City July 2 (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40 [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Julale 4 COLOR OR RACE MARRIED, MIDDWED WIDDWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Just 60 , 1915, to 20 26 , 1915
(Month) (Day) (Year)	that I last saw ham. alive on Mar. 2.6 th 1915
TAGE If LESS than 1 day,hrs. ORmin.? COMMON Laborer Particular kind of work	and that death occurred on the date stated above, at 9 P. m The CAUSE OF DEATH* was as follows: Programmonal about Tist year English Listageth grammolate six attletions: Listageth Comma lain death
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) York 12.	Gentributory (Secondary) Alalactasia (Beration) / yrs 8 mes ds
o 10 NAME OF Thomas Burk	(Signed) Challes Bagley, M. D.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
of MOTHER Jane Dundaw	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTER
13 BIRTHPLACE DEM MINOSON (State or country)	At place In the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, His Widow	Where was disease contracted, If not at piace of death? Former or osual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov 28 1915 what bresevell.	State Ridge curety Stor 29, 191 5. 20 UNDERTAKER Pulta Pa ADDRESS
more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-If the occupation has

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scptichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not he stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operations was undertaken. mia," "PUERPEBAL peritonitis," etc. -Kart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:



S. No. 1.

.-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.

PLACE OF DEATH



19599

STATE OF MARYLAND

ADDRESS

county Harbra	CERTIFICATE OF DEATH
Village or City Hush Hill (No.	Registration Dist. No. [It death occurred in a hospital or institution,
FULL NAME Grahlda a La	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jemule White Single, wiowed, Wildhush or Write the word)	(Month) (Day (Year)
Month) (Day (Year)	that I last saw h & silve on 1919
PAGE It LESS than 1 day, hrs. or min.?	and that desth occurred on the date stated shove, st. / _ m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.	ald age
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Doration)yrsmosds.
10 NAME OF FATHER James Delvett	(Signed) , M. D.
OF FATHER (State or country) Harford on at 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) 14 THE ABOVE IN TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of deathyrsmosds. Stateyrs,mosds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Fortst Hill mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid Deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory totanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

AGE

carefully supplied. may be

DEATH in plain terms, so See instructions on back of

CAUSE OF important,

m ż

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

RECORD

PERMANENT stated EXACTLY.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilt death occurred in a hospital or institution, give its NAME Instead

2FULL NAME Lee C. Ca	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, OR ON OR OF OR OWN Write the word)	16 DATE OF DEATH 207. 8 ,1916— (Month) (Day (Year)
6 DATE OF BIRTH Aut 17, 1904 (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from 1915, to 2, 1915, that I last saw have alive on 2, 1915.
7 AGE It LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 7:45 P.m. The CAUSE OF DEATH* was as follows: Chronic Ende Carde to
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **DOME OF OR ON	(Ouration) yrs. 3 mos. ds. Contributory Acute Cisticulae Paccenticus Secondary (Ouration) yrs. 8 mos. ds.
FATHER Gerse, C, Carr 11 BIRTHPLACE OF FATHER (State or country) Harfind & Ind. 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Hanfind Co., Ind 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot death
(Interment) J. C. Cam (Address) Vale Ind.	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Floring Line Control of the control of t
Filed	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopnenmonia ("Pneumonla," unqualified, is indefinite): Tabercutesis of lungs, meninges, peritonacum, etc., Carcin-



valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medicul Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds,; "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

act statement of	Count -Villag	ty Davede Grace (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death eccurred a hospital or institution give its NAME inste
CTLY 4. Ex		2 FULL NAME / Hactory 1, Carr	ot street and number
Tife		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
lon should be carefully supplied. AGE should be stated EX F DEATH in plain terms, so that it may be properly classifi important. See instructions on back of certificate.	Page (a) part (b) business white	TE OF BIRTH WIDDWED OR DIVORCED (Write the word) (Month) (Day) (Year) (Month) (Day) (Year) It LESS than 1 day, hrs. OR min.? CUPATION 1 Trade, profession, or licular kind of work General nature of industry inches, or establishment in the employed (or employer) RTHPLACE (State or country) Caure delbase 10 NAME OF FATHER Pickand Caur 11 BIRTHPLACE OF FATHER (State or country) Punusylvania 12 MAIDEN NAME	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Yes (Personal Companies of the Companies of the Cause o
Informat CAUSE O	14 TH	13 BIRTHPLACE OF MOTHER (State or country) Canfrod Co Md E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MM Milleann Fulan	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the at death yrs. mes. ds. State, yrs. mea. Where was disease contracted, it not at place of death? Former or usual rasidence
N. B.—Every item of should state (OCCUPATIO	16 File	(Address) American American American American Decision De	19 PLACE OF BURIAL OR REMOVAL AUGEL Fill Centery 20 UNDERTAKER ADDRESS ADDRESS 16/W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many eases, If retired from (b) Auto-Ciril

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meninger to the properties of lungs of l

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; cause. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) "Puerperal peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephrius, etc. "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease eausing death), 29 ds.; Bronby railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

PLACE OF DEATH	STATE OF MARYLAND
County 2624 19602	CERTIFICATE OF DEATH Registration Dist, No. /8/
Village or City Calvary (No.,	St.; Ward) [If death occurred is a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Marrie 6 DATE OF BIRTH	Some 71 5 5 kg a Chestla golanda, heart
(Month) (Day (Year)	that I last saw h in allve on stafe. 1912.
AGE 11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date atted shove, atm, The CAUSE OF DEATH* was as follows: Valvulan HEarh Desease
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Birthplace (State or country)	Contributory Secondary (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Softers), M. D. Mon 16, 1915. (Address) Harry Lac Grace *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds Where was disease contracted,
(Address) Belle and RD 16 Filed Nov 17, 1915 Octor Affichael Af more blanks are needed address State Registran	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PATE OF BURIAL PATE OF BURIAL PATE OF BURIAL ADDRESS ALENNE LANGUAGE ALENDER ALENDER
more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eer" is less definite; avoid use of "Tumor" for maligeause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State eause for ehildbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mcre symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection nccd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



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SICIANS shoul PHYSICIANS RECORD PERMANENT EXACTLY. carefully

Jo statemen Exact classifled. properly be may certificate. that Jo back terms, 0 plain Instructions 5 OF

1 PLACE OF DEATH 19603 Village or City PERSONAL AND STATISTICAL PARTICULARS MEDICAL 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) Day (Year) TAGE If LESS than and that death occurred on the data stated above, a 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER/ (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER ELENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State _____ yrs. ____ mos. . Where was disease contracted. if not at place of death?. Former or usua! residence Important. OF BURIALOR REMOVAL (Address)..... 15 20 UNDERTAKER REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

5t.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]

(Day

BATE OF BURIAL

ADDRESS

1912

(Year)



[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. who have no occupation whatever, write Nonc. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is iess definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For VIO-



PHYSICIANS should of OCCUPATION IS RECORD RMANENT classified. should INK UNFADING may plain P WRITE 0 Item E OF

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No..... It death occurred to St .Ward) a hospital or institution, give its NAME instead ot street and number. 1 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day) Write the word) I HEREBY CERTIFY. That I sttended deceased from TE OF BIRTH 30 (Day) (Year) It LESS than TAGE and that death occurred on the date stated above, at..... 1 day 5. hrs. The CAUSE OF DEATH* was as follows: OR 7 ds. SOCCUPATION (a) Trade, profession, or Word particular kind of work... (b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER EN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot doath yrs. mos. ds. State yrs, mes. ds. (State or country) Where was disease contracted. It not at place et death?.... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborercases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISKASK CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 de.; Never report Examples: For vio-



PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Jarrettsville (No.	St.; Ward) [If death occur a hospital or inst give its NAME
2 FULL NAME Joshua parre	Hall give lis NAME of street and Au
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Married or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day)
	I HEREBY CERTIFY, That I attended decease
October 20 1853	Nov 28 , 1915, to May 29
(Month) (Day) (Year)	that I last saw have alive on Nov 29
⁷ AGE If LESS than	and that death occurred on the date stated above, at 9
62 vrs / mas 9 ds or min.?	The CAUSE OF DEATH * was as follows:
10	Partonitio Coursed by being &
(a) Trade, profession, or for agencia	by a horae
(a) Trade, profession, or former (b) General nature of Industry	
business, or establishment in which employed (or employer)	(Durstion) yrs. mos.
9 BIRTHPLACE (State or country) 2	Contributory
(State or country) Harfied les Md	Secondary (Durstion)yrsmos
10 NAME OF FATHER D / - 1/ //	(Signed) H. F. Bradley
When Hall	1010 To +1 00 1
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Vio CAUSES, state (1) MEANS OF INJURY; and (2) whether Accides
C 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accides Suicidal or Homicidal.
a OF MOTHER Louisa Berry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA
13 BIRTHPLACE OF MOTHER O	OR RECENT RESIDENTS) At place In the
(State or country) Nargurd 168 Ma	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of desth?
(Informant) fane Hall (wife)	Former or usual residence
RID Sharpy Mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA
	Fairnew lumeter & Dec 2:
(Address) -1(0) Address	THE COURT OF THE PROPERTY OF T
15 Filed Mars 30, 1915 Allipa	20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

write None. C yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Hauscheepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mabile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Fareman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compasitor, Architect, Lacomative engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Caal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in (b) Auta-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchapmeumonia ("Pneumonia," menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJUHY and qualify as birth or miscarriage as "Puerpenal septichaemia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," head-homicide; Poisaned by earbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," chopmeumonia (secondary), 10 ds. Never "Anaemia" symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Nomenclature of the American Medical Association.) by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," "Senile," etc.), "Dropsy," "Exhaustion," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurreport mere ACCIDENTAL, important.



PLACE OF BEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Harford	Registration Dist. No. 185
Village or City Hawre de Grace(No	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) , (Day) (Year)	that I last saw h man alive on 2700.
BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: Don't Kur (Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER William Hamby 11 BIRTHPLACE OF FATHER (State or country) Unknown 12 MAIDEN NAME OF MOTHER SUVAn Stillert	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Hans Hans Bay Filed 1/1/27-14th, 1915 James H. Bay REGISTAR REGISTAR	19 PLACE OF BURIAL OR REMOVAL ANGEL HILL CEM MOVI 5 , 1915 20 UNDERTAKER ADDRESS DATINGTON APPLICATION OF THE PARTY OF



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: mia," "PUEEPEEAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," er" is less definite; avoid use of "Tumor" for malls mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the death), 29 "Exhaustion," Never report For VIO-



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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT properly classified. UNFADING INK-THIS IS AGE supplied. See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH in plain terms. CAUSE OF Important.

15

1 PLACE OF DEATH

County Kantand



STATE OF MARYLAND CERTIFICATE OF DEATH 100

		Registration Dist. No.
Vii	11age or City Balack, (No., ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	Male Color or RACE 5 single, MARRIED, WIDOWED, ODDIVORCED (Write the word) Married	16 DATE OF DEATH (Month) (Day (Year)
	May 1857. (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 150 Whotes, 1915, to 100 Nov., 1915 that I last sew h 440 allve on The 9th Nov., 1915
7 A	1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at from I'm The CAUSE OF DEATH* was as follows; Chrome MEphentes
bu:	a) Trade, profession, or articular kind of work)) General nature of Industry, isiness, or establishment in hich employed (or employer) IRTHPLACE (State or country)	Stral Year (Duration) yrs mos os. Contributory fratvular des zam of Secondary heart
PARENTS	10 NAME OF FATHER Name OF HOLLIS OLLIS Hollingon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER POIS PORCE C PENNEUT. 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) William Catcher, M. D. (Signed) William Catcher, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutiona, Transiental on Recent Residental) At place in the Disease vis. Mos de State vis.

REGISTRAR

usual residence

Former or

Where was disease contracted, If not at place of death?

State

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

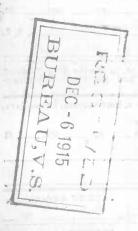


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

N.B.

PLACE OF DEATH 19607	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Carriedo Frace (No	St; Ward) [tf death occurred in a hospital or institution, give its RAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale Black Single, MARRIED, WIDDWED OR DIVORCED (Write the word)	18 DATE OF DEATH TWY 4, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
(Month) (Day) (Year) 7 AGE (If LESS than 1 day, hrs. or min.?	that I last saw h
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in	Cleridental Drowning (Durston) vrs. mos. de.
which employed (or employer) BIRTHPLACE (State or country) Grade of the state of	Contributory Secondary (Burstlen) yrs. mos. ds.
10 NAME OF Saward Jews 2 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) COLPA Haufunger , M. 8. 191. (Address) John John State the Disease Causing Drani, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Baltimone MA	18 LENGTH DF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the st death
(Informant) & dward journ	tf not at place of death? Former or usual residence
(Address) Port A forest, Miles 16 Mor. 6 11, 1915 James 26 Bay	20 UNDERTAKER CALLES ADDRESS A DECEMBER OF BOUNDERS ADDRESS AND SOURCE ST. Polito Proposition V S. No. 1



[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningulified, is indefinite); Tuberculosis of lungs, meningulified.

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial on statement of cause of death approved by Committee "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

stated EXACTLY. PHYSICIANS should state

properly classified.

of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate.

N. B.—Every Item of Information should be GAUSE OF DEATH in plain terms, s.

Important.

should be

AGE

RECORD

PERMANENT

1 PLACE OF DEATH

19608



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PEI	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S DATE OF BI	4 COLOR OR RACE Whow to word or the word of the word	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
⁷ AGE	(Month) (Day (Yea If LESS 1 day,	that I last saw h slive on no 1915— than hirs. The GAUSE OF DEATH* was as follows:		
(a) Trade, protes particular kind o (b) General nate business, or es which employed	on ssion, or Houseinfulure of Industry,	(Duration)		
9 BIRTHPLAC (State or 10 NAME FATH 11 BIRTH OFF (Stat	Horace ATHER te or country) Harfind Co.,	Contributory Secondary (Doration) yrs mos ds (Signed) E. Allotte , M. D. Tart. 10 , 1915 (Address) Tallstone, Ind. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-		
13 BIRTH	other te or country) Harford Co,	TAL, SUICIDAL, OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death		
(Informant)— (Address 16 Filed Pur	Tallatone R.7.D., Ind	Former or OSUAL residence 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) "Contributory." scpsis, telanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viocte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canample: Mcasles The contributory (secondary or intercurrent) 'Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29, ds.; "Dropsy," "Exhaustion,"



RECORD

PERMANENT

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A

N. B.

PLACE OF DEATH County Harford 19609	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Carson Pun (No	Registration Dist. No. St.; Ward) [if death occorred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Harried-Widowed, Write the word)	16 DATE OF DEATH November 24, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE TAGE TAGE TAGE TO A THE STATE OF BIRTH TO A STA	that I last saw h remails on november 2 4, 1915 and that desth occurred on the date stated above, at 10; 30 pm,
yrs. 9 mos. 4 ds. OR min.? **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Indostry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Brighto Assac (Charita Uniterstituted Surphistic) Assats (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER And Acudence 11 BIRTHPLACE OF FATHER (State or country) Holland 12 MAIDEN NAME OF MOTHER	(Signed) Very S Of Illring (A. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If oot at place of death?
(Informant) Edward allen Josnahish (Address) 527 Stantley Staven Bri	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL ATE OF BURIAL

more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Deaier," etc., without more precise speciadditional line is provided for the latter statement; first line will be sufficient, c. g., Farmer or Planter, who have no occupation whatever, write None. causing death, state occupation at beginning of ilibeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who receive a definite saiary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



RECORD

PERMANENT

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state Very . should OCCUPATION PHYSICIANS 50 statement Exact classified. UNFADING INK-THIS properly supplied. be may certificate. 9 0 WITH terms, n back should 00 plain Instructions -EATH 00 OF Item mportant. Every Its

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No ... ilt death occorred in -Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE SEX MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS Ihan and that death occurred on the date stated above, at. 7 AGE 1 day,.....hrs. OR min. ? BOCCUPATION / (a) Trade, profession, or particular kind of work. (b) General pature of industry, 3 hes business, or establishment lo which employed (or employer) Contributory..... ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Z *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AREI TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER (State or country) State yrs, ____ mos. ds. of death _____ yrs. ___ mos. ___ ds. Where was disease contracted, If not at place of death?-

Former or osual residence	000 panes 6 management of the control of the contro
Friendship M	6. Camelos Nov 16, 1915
20 UNDERTAKER	ADDRESS

more blanka are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekccpers statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

"Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of . The contributory (secondary or Intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples: For vio-



PHYSICIANS should state of OCCUPATION is very RECORD classified. Exact statement PERMANENT EXACTLY. 4 S pinous UNFADING INK-THIS properly AGE supplied. be may certificate. carefully o that it 80 of PLAINLY, WITH pe See Instructions on back pinous of information DEATH In WRITE Item CAUSE OF Important.

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE OF BIRTH TAGE OCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF

PARENTS

15

11 BIRTHPLACE OF FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

(Address) .----

12 MAIDEN NAME OF MOTHER

which employed (or employer)

5 SINGLE.

(Month)

MARRIED, MOULE

(Year)

If LESS than

1 day hrs.

OR min. ?

CAREGISTHAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Write the word)

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 180

[If death occurred a hospital or institution			
NAME Insteat and nomber.]			

	MEDICAL	. CERTIFIC	CATE OF	DEATH	
18 DATE OF D	EATH	(Mon	me th)	1B	. 1915 (Year)
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() that I last saw	h 10 a	live on	nou	12	1915
and that death	occurred	on the det	e stated s	bove, st	120 1 0
The CAUSE OF	DEATH#	was ss fo	llows:		
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(Signed)Q.	,	97		7	й. О
ne 18	., 191.5.	(Address)	(del	an	-
*State the CAUSES, state TAL, SUICIDAL	DISEASE (CAUSING DI	EATH, or, JURY; and	n deaths (2) whet	from Violent
18 LENGTH OF	RESIDEN	CE (FOR H	PSPITALS, I	NSTITUTION	S. TRANSIENTS
At place	ESIDENTS)		In the		
of death yrs	mos	ds.		YES.	mos de
Where was disease				7.44	
If not at place of d	leath?				
Former or usoal residence					
PLACE OF	FURIAL	R REMOVA	L	DATE OF	BURIAL
7 4 6 - //	4 1 1	1	1 1	1 3-41 .	
morandi	Deenle	mul	1 62 a 112/	- CUDE	

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[Approved by U. S. Censns and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

genital," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH 19612	STATE OF MARYLAND CERTIFICATE OF DEATH			
County Wayou	Registered No.			
Village or City Stickory (No	St.; Ward) [It desth occurred in a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from			
Nov. 12, 1915 (Month) (Day) (Year)	that I last saw her alive on Now, 14, 1915			
AGE If LESS than 1 dsy,hrs.	and that death occurred on the date stated above, at 12 P. m. The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work	leongenital Meakness (Buration) yrs. mos. 2 18.			
BIRTHPLACE (State or country) Harford las. Md.	Contributory (Secondary) (Deration) yrs mos ds.			
10 NAME OF FATHER John Minniek	(Signed) F. Lee Stuglies, N. D. Nov. 15, 1915 (Address) Bel Sir			
11 BIRTHPLACE OF FATHER (State or country) Stanford les. Und.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL			
12 MAIDEN NAME OF MOTHER Bertha Flowers 13 BIRTHPLACE OF MOTHER (State or country) Harford Co. Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds.			
(Informant) Jus Missick	Where was dissase contracted, If not at place et death? Former or usual residence			
(Address) Bel Sir R. D. Und. Filed Novi / 5/1915 Beogle Sichardhon REGISTRAR	Jack of Burial OR REMOVAL DATE OF BURIAL Stace behafel (High Nov. 16, 1913. 20 UNDERTAKER ADDRESS Father of chield Bel fir			
of more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.			



[Approved by U. S. Census and American Public Health Association.]

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Instructions

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Harlors Registration Dist. No. If death occurred in a hospital or lostitution, give its NAME lastead ot street and number. I so blande nealon PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED. 191. WIDOWED. (Month) (Day (Year) ORDIVDROED (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. mos. OR ? .ds. POCCUPATION (a) Trade, protession, or particular kind of work. (b) Deneral natura of Industry, business, or establishment in (Duration) __ which employed (or employer) -----Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death _____ yrs. __ State YTS. Where was disease contracted. It not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH

19614

(Year) if LESS than

1 day,hrs.

OR min. ?

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:....Ward)

It death occurred in a hospital or institution. give its NAME Instead of street and pumbor.]

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County. Village or City ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, OR DIVERCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) Genoral nature of industry. business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OWLEDGE (Address).....

MEDICAL	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	ner	.8-	, 1915
	(Month)	(Day)	(Year)
17 I HEREBY	CERTIFY, That I at	tended dec	eased from
19	1, to	-	191
	10.0	0	101
hat I last saw h M. ally	re on	0	1915
		/	15.00
and that death occurred or	n the date stated at	ove, at	m,
The CAUSE OF DEATH * 1			
	1		
Huntingd	oris the	reac	
	(Duration) 10	.yrs	osds.
Contributory		*******	*************
(Secondary) Com	(Quration)	. Yrsnı	os. / ds.
(Signed) Market	rich		M. D.
UN 9 , 1915 (AD	Idress) 490	wind	me
*State the DISEASE CAU CAUSES, State (1) MEANS TAL, SUICIDAL, OF HOMIC	OF INJURY: and	deaths from 2) whether	VIOLENT ACCIDEN-
16 LENGTH OF RESIDENCE	E (FOR HOSPITALS IN	TITUTIONS T	CANCIPARA

OR RECENT RESIDENTS) At place In the of death _____ yrs. ___ mos. ___ _ ds. State _____ yrs, ____ mos. ____ ds. Where was disease contracted.

If not at place of death?

Former or usual residence

PLACE	OF	BURIAL	OR	REMOVAL
Mou	22	tam	Ce.	REMOVAI

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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sepsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purrenal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 de.: affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Itt death occurred in St:.....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 STNGLE 3 SEX MARRIED. WIDOWED (Month) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION / (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF PARENTS BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death yrs. mos. ds. State _____ yrs. (State or country) Where was disease contracted. if not at place of death?-Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease Causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritie cer" is less definite; avoid use of "Tumor" for mallgsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Pursperal septichaegenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 de.; affection need not be stated uniess important. nant neopiasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report



V. S. No. 1.

N.B

PHYSICIANS should state of OCCUPATION is very UNFADING INK-THIS IS A PERMANENT RECORD properly classified. Exact statemen stated EXACTLY. AGE

PLACE OF DEATH
County Hayrd



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

)

fit death occurred in

FULL NAME James Bole	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married, Widower, Ordinal Of the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
OMATE OF BIRTH (Month) (Day (Year) TAGE	that I last saw have slive on Mar 21 1915.
11 LESS than t dayhrs.	snd that death occurred on the date stated above, st 2m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer)	Carrier Courtien Jyrs mos. ds.
9 BIRTHPLACE (State or country) Lett La	Contributory Dyna of Secondary (Duration) yrs mos ds. (Signed) Carrell (1. Rock - Mr. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 1 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY PHOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place of deathyrs,mos,ds. Stateyrs,mos,ds Where was disease contracted,
(Information Journes J. Joven Holl Ind.	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed And (19) J. Edgar Dear REGISTRAR	20 UNGERTIKER & Son Bellwhd

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

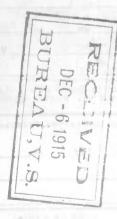


[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired, 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

eause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



OCCUPATION RECORD PERMANENT properl pe UNFADING PLAINLY 2 DEATH WRITE 0 OF Item ш

certificate.

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back

Instructions

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PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 dayhrs. OR 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. Where was disease contracted. If not at place of death? .. Former or usual residence OR REMOVAL 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ...Ward) a hospital or lostitution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH 1910 (Dav (Year) I HEREBY CERTIFY, That I sttended deceased from and that death occurred on the date stated above, st.... DEATH* was as follows: ompensation (Duration) yrs mos — ds. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) in the State _____ yrs. _



[Approved by U. S. Census and American Public Health Association.]

eated thus: ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who have no occupation whatever, write None. eausing death, state occupation at hegiuning of illheen changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For VIO-



	5	Every Item of Information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly class OCCUPATION is very important. See instructions on back of certificate.
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. 1.		Every Item of Information should be carefully supplied. AGE should be streshould state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See Instructions on back of certificate.

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PHYSICIAN:

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred to ..Ward) a hospital er institution. give its NAME instead of street and number. T PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF GEATH MARRIEO. WIOOWED OR OIVORCEO (Month) EREBY CERTIFY. That I attended deceased from (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: mln. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer 9 BIRTHPLACE Contributor Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (State or country) *State the DISEASS CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER", 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At pisce In the OF MOTHER (State or country of deathyrs.mes.ds. Sisis,yrs, ... Where was disease contracted. If not at piece of death?.... Former or ususi residence 19 PLACE OF BURIAL OR DATE OF BURIAL (Address) 15 20 UNGERTAKER AOORESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, (b) Awo-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tctanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness," "An aemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," ctc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway The contributory (secondary or intercurtrain-accident; Revolver wound of State cause for which



should state	PLACE OF DEATH 19618 County Way on Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
RECORD PHYSICIANS Should to a cocupation	Village or City Bec Bu (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FADING INK—THIS IS A PERMANENT ully supplied. AGE should be stated EXACTLY. It is may be properly classified. Exact statemen lifeate.	OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Servation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Social Representation of the particular kind of work. Social Representation of the particular kind of the part	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I strended deceased from 1915, to 1915, to 1915, that I last saw h in allve on 1915. that I last saw h in allve on 1915. and that death occurred on the date stated above, at 7 m, The CAUSE OF DEATH* was as follows: (Duration) (Duration) (Duration) (Duration) (Duration) (Secondary
WRITE PLAINLY, WITH UNF Every Item of information should be careful CAUSE OF DEATH in plain terms, so that Important. See instructions on back of certifi	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS FRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	(Signed)
N. B. – Eve	File Av / 8, 191 2 Cagha Lonn REGISTRAN If more blanks are needed, address State Registran	20 UNDERTAKER ADDRESS Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 ds.; For VIO-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

of information should be

CAUSE OF Important.

N. B.-

RECORD

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PLAINLY, WITH UNFADING INK-THIS IS

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 184
Registration	DIST.	MO

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 STINGLED, MARRIED, MARRIED, GROWNER (Write the word)	16 DATE OF DEATH (Month) (Day) (Yesr) 17 1 HEREBY CERTIFY, That I stranded deceased from July 1915.
(Month) (Day) (Year)	that I last saw h_Lize alive on
7 AGE 25 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	and that death occurred on the date stated shove, at 2 0 m The GAUSE OF DEATH* was as follows:
Ca) Trade, profession, or General Housework particular kind of work General Housework	
(b) General nature of industry, business, or establishment in which emplayed (or emplayer) Cooking etc.	(Doratico) OZLL yrs mas ds
9 BIRTHPLACE (State or country) 10 NAME OF 10	(Secondary) (Duration) yrs mes ds
TATHER MALL Melster 11 BIRTHPLACE OFFATHER (State or country)	(Signed) , M. D. , 191 (Address)
(State or country) (State or country) 12 Maiden Name OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted.
(Informant) Classical Medical Control	If not at place of death? Former or usual residence.
(Address) Berkley Mg.	Horanna Cen Date of Burial
Filed 7 19115 Med Trutson REGISTRAR	30 UNDERTAKER ADDRESS Parling to M



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. 'As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "Purpresal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-"Exhaustion," Examples: For VIOds.;



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Berkley (No	CERTIFICATE OF DEATH Registration Dist. No
* FULL NAME GRALLEN GISCH	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, S	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I strended deceased from
6 DATE OF BIRTH	, 191, to
Dut 14, 19/4	that I last saw h alive on
(Month) (Ddy) (Year) 7 AGE If LESS than day,hrs. oRmin. ?	and that death occurred on the date stated above, stm, The GAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry.	-
business, or establishment in	(Duratieo) yrsmosds.
which employed (ar emplayer)	Contributory (Secondary)
10 NAME OF Benjamin Webster 11 BIRTHPLACE	(Signed) J. O. Suratian) yrs mos ds. (Address) Aclustine
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mas. ds. State yrs. mos. ds.
(Informant) Elisha Welster	Where was disease contracted, If not at place of death? Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL F
Filed Mr. 14 1915 M. M. Mulelook Depuly REGISTRAR	26 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
f more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaegenital," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important, valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Ohronia eer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Candeath), 29 ds.; "Exhaustion," Never report Examples: For vio-



OCCUPATION IS PHYSICIANS RECORD 5 statement PERMANENT classified. D -THIS properly UNFADING INK pe may certifica 6 WITH back terms, 00 plain Instructions c EATH NRITE 5 ā POF Item mportant. CAUSE

state Very

should

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Village or City St.:---Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. 1913 WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attanded deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the data stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. condary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE .., 1912. (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death _____ yrs. ___ mos. ___ ds. State _____ yrs, ____ 14 THE ABOVE IS Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL (Address) ... DATE OF BURIAL

20 UNDERTAKER

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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MIDNA

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. ness. If retired from business, that fact may be indicated thus: Farmer (refired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," 'Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using disease the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";), Typhoid fever (never report "Typhoid diseasen"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



RECORD

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County Tarra 19622	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
VIIIage or City Frankl Michael B	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH A ST 1913 (Month) (Day (Year)
TAGE TAGE TAGE TAGE TO Month TO AGE TO MONTH TO AGE TO MONTH TO AGE	that I last saw h that slive on the date stated above, at \$10 mm. The CAUSE OF DEATH* was as follows: (Duration) yrs mos 2 ds.
which employed (or employer) **BIRTHPLACE* (State or country) **West Onlowers La	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) 7. Bradley , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. **In the State of Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homelean Causes, Institutions, Transients, at place in the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas Security P. S. P.	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or usual residence

APDRESS

nore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional liue is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



T. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 19623 White the second (No	and	STATE OF M CERTIFICATE Registration St.;Wa	OF DEATH Dist. No.
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL GERTIFICATE	OF DEATH
3 51	WIDOWED, WELLING	16 DATE OF DEA	(Month)	
8 D	ATE OF BIRTH (Month) (Day) (Year) If LESS than	that I last saw h.	1915, to 74	It I attended deceased from W 19 1915. W 18 1915.
	7/ yrs. 3 mos. 5 ds. 0R. min.?		DEATH* was as follows	
(e) per (b) bus whi	GCUPATION) Trade, profession, or rticular kind of work General neture of industry, lness, or establishment in ch employed (or employer) IRTHPLACE tate or country)	Contributory. (Secondary)		on hoest
ARENTS	10 NAME OF FATHER FULLY WILLIAMS 11 BIRTHPLACE (State or country) Wary leus	*State the DI	191 (Address) DEATH, O	r, in deaths from VIOLENT and (2) whether ACCIDEN-
147	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) WILLIAMS Alautto:	16 LENGTH OF R OR RECENT RES At place of death yrs. Where was disease of	ESIDENCE (FOR HOSPITAL IDENTS) In the 	a. Institutions, Transients, yrs,
15 Fil	(Address) 1307 Baltic ave cety and	Union lehe	rial OR REMOVAL El Centy	ADDRESS Above 9 cley

nore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreneal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.: cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

